

THE CENTER FOR ROCHESTER'S HEALTH: AN ACADEMIC-PUBLIC HEALTH PARTNERSHIP

Submitted by:

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Abbreviations Used Throughout the Abstract:

CRH – Center for Rochester's Health
FLOSE – Finger Lakes Office of Surveillance and Epidemiology
READII – Racial and Ethnic Adult Disparities in Immunization Initiative
MCDPH – Monroe County Department of Public Health
*URMC – University of Rochester Medical Center (includes the Schools of Medicine and Dentistry and Nursing)

The Center for Rochester's Health (CRH) is a partnership between an academic medical center and a county public health department dedicated to improving health in the City of Rochester and the surrounding 9 county region. Created in 1997, the CRH was established through a memorandum of understanding between the Monroe County Department of Public Health (MCDPH) and the University of Rochester Schools of Medicine and Dentistry and Nursing (URMC). The MCDPH Deputy Director leads the CRH, which performs public health activities, thus expanding the public health workforce. All 22 employees are recruited, retained, paid, and provided benefits by the URMC, and most employees are housed at the MCDPH, collaborating closely with public health workers. A Steering Committee, comprised of leadership from both the university and county government, oversees the CRH. This collaboration significantly contributes to community health improvement and public health worker recruitment and retention.

Among the diverse research and program activities in the CRH, the following are selected to demonstrate how the CRH improves worker recruitment and retention.

1) Education. The CRH developed and implemented the following health professional education activities that encourage multidisciplinary students to consider careers in public health, and contribute to a more culturally competent public health workforce: 1) The CRH sponsors community-based initiatives, which provide health professional students with the opportunity to collaborate with community-based agencies to improve the health of the community. These initiatives also help students to develop competencies for evidence-based public health practice. 2) Through the CRH's internships, fellowships, and population health course, which includes a service-learning component, future health professionals are gaining a better understanding of the need for prevention at the population level and are developing skills to design, plan, implement, and evaluate health promotion programs.

2) The Racial and Ethnic Adult Disparities in Immunization Initiative (READII)
Rochester is a CDC-funded program, led by a community advisory board, created to address

disparities in adult immunizations. The READII program recruits and trains outreach workers to deliver public health interventions throughout the community. These full time URM C employees are assigned to urban clinics where they track and remind patients and providers about needed preventive health services. READII also trains staff from community-based organizations to educate their own constituents on adult vaccines.

3) The Finger Lakes Office of Surveillance and Epidemiology (FLOSE), funded by the NYS Association of County Health Officers and the Finger Lakes Public Health Alliance, provides consultation and training to public health workers from 9 public health departments in the Finger Lakes Region. The focus of the training is to heighten knowledge and awareness related to detection of communicable diseases, the development and implementation of surveillance systems, and epidemiologic analysis. Through these efforts, FLOSE contributes to the retention and training of public health workers and strengthens the public health work force in the Finger Lakes Region.

Challenges and the Unexpected. One significant challenge for both the URM C and MCDPH is in blending the academic and public health cultures, where values, priorities and methods often differ. To be successful, effective, ongoing communication between all partners is imperative, and compromise is sometimes necessary in order to reach consensus. The unexpected public health crises of recent years have provided challenges that further contribute to competing agendas, but, at the same time, create learning opportunities for both those in academia and public health.

Benefits. The following benefits result from this unique collaboration: 1) the CRH connects URM C faculty and staff to populations beyond the usual academic reach and promotes community-based participatory research; 2) the CRH has influenced the URM C to become more involved in public and community health, resulting in the addition of community health to the URM C traditional mission of research, clinical care and medical education; 3) the number of individuals working in public health has increased by having URM C faculty, staff, and students involved in CRH activities; 4) the URM C brings expertise to the MCDPH in areas such as epidemiology, biostatistics, and human subjects research; and 5) URM C tuition reimbursement benefits for employees result in higher numbers of individuals working in public health with advanced degrees (A number of CRH employees have achieved or are working towards MPH's). Among the most important benefits of the collaboration are those that affect the community. For example, since its inception, the Center has garnered close to \$10 million in grant funding, funneled through both the URM C and MCDPH to improve the health of the community. In addition, the community has been integrally involved in the process of community health improvement, resulting in highly effective community-academic partnerships based on trust and mutual respect.

The CRH provides academic expertise to address regional public health issues, and expands the academic mission to more integrally include community health. Further, the CRH serves a critical role at a time when the MCDPH is limited in its ability to implement programs and hire staff due to governmental budget constraints. Therefore, this innovative model significantly contributes to recruiting, hiring, training, and retaining public health workers.

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